

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 12 August 2024
Title:	Patient Experience: Feedback and Complaints – Quarter 4 January - March 2024
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Laura Harvey, QI Lead for Patient Experience

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The Board is asked to receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 4 (January – March 2024), and to note our compliance with the complaint handling process.

2.2 Background

This report provides information in keeping with the NHS Complaint Handling Process and the annual requirements as laid out by Scottish Government. It provides information on our performance for Quarter 4 (January – March 2024), when responding to patient, carer and family complaints, including:

- Feedback and Care Opinion (CO) data
- Number of complaints each month
- Compliance and performance for all stages of the complaint process
- Scottish Public Services Ombudsman (SPSO) referrals and decisions
- Themes and Outcomes
- KPI Template outlining performance in accordance with SPSO requirements

2.3 Assessment

2.3.1 Quality/Patient Care

The approach to complaint handling ensures that learning and improvement is progressed for all upheld complaints and shared across all relevant services. Learning from complaints, completing the learning cycle and feedback has the best evidence for bringing about sustainable change and forms the basis for any quality improvement programme. Patient complaints offer the opportunity to change practice and improve patient experience and outcomes.

2.3.2 Workforce

Clinical and management staff are under significant pressure due to the continuing high levels of activity across our services which is impacting on their ability to investigate complaints. The QI Lead for Patient Experience and the Complaints Team are working with operational teams to reduce pressure on clinical staff.

2.3.3 Financial

There are no financial implications.

2.3.4 Risk assessment/management

Failure to have in place and to maintain an appropriate feedback, comments, concerns and complaints process could have a significant impact upon NHS Ayrshire and Arran's ability to demonstrate that it firmly understands the risks associated with complaints and the requirement for organisational learning.

2.3.5 Equality and diversity, including health inequalities

An impact assessment is not required as this is an internal document.

2.3.6 Other impacts

This will support the requirements of the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012.

- Best value
 - Performance management
 - The delivery of an effective process for patient experience including feedback, comments, concerns and complaints will support the Board's commitment to safe, effective and person-centred care.
- Compliance with Corporate Objectives
 - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.
- Local outcomes improvement plans, community planning
 - Effective feedback, comments, concerns and complaints handling supports the delivery of the Healthcare Quality Strategy.

2.3.7 Communication, involvement, engagement and consultation

This is an internal report to update members on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 4 (January – March 2024), and our compliance with the complaints process. There was therefore no requirement to consult with stakeholders in relation to the formulation of this report.

2.3.8 Route to the meeting

Site based reports are prepared and shared with the relevant management teams and the site-based governance groups. This information is then combined and shared with the Acute Services Clinical Governance Steering Group who will inform and approve agreed improvement actions. Health and Social Care Partners (HSCP) receive weekly reports to take through their own governance structures.

The above reports are shared on a monthly basis.

This paper has previously been shared with the Healthcare Governance Committee.

2.4 Recommendation

For discussion. Members are asked to receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 4 (January - March 2024), and to note our compliance with the complaint handling process.

3. List of appendices

- Appendix No 1, Patient Experience: Feedback and Complaints – Quarter 4 (January – March 2024)
- Appendix No 2, KPI Template for Quarter 4 (January – March 2024)

Patient Experience: Feedback and Complaints- Quarter 4 (January – March 2024)

1. Complaint Handling Performance

This report provides details of all complaint activity across the organisation and the actions being progressed to ensure effective, person centred complaint handling. This report will demonstrate our performance in key areas of complaint handling, as well as highlighting outcomes and providing more detail on complaint themes.

Performance and Outcomes

Chart 1: Concerns & Stage 1 Complaints

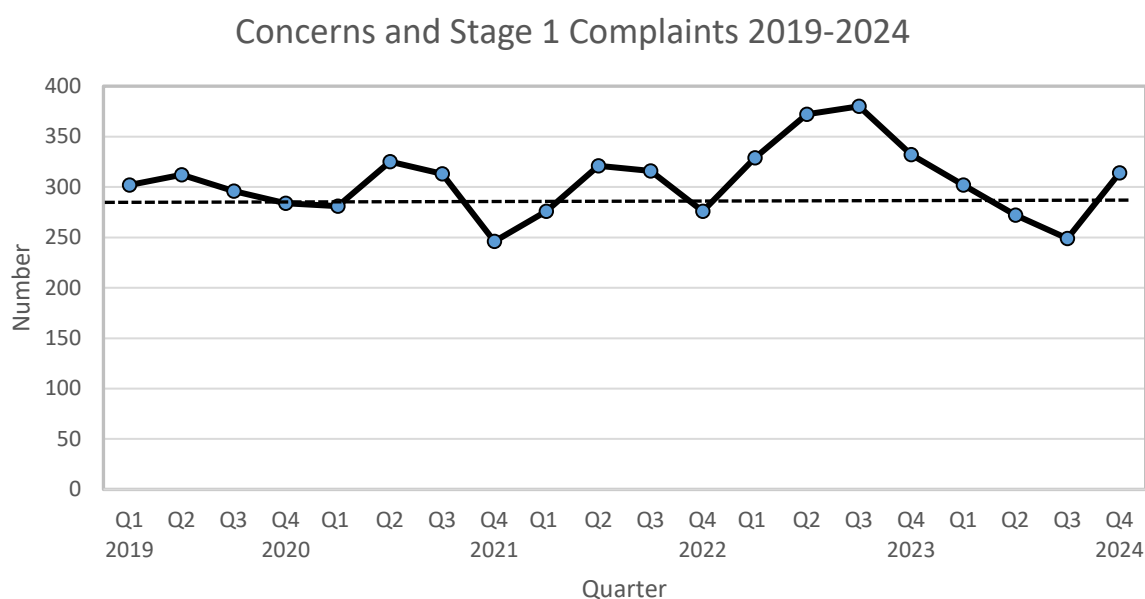


Chart 1 above demonstrates that there has been an increase in the number of concerns and stage 1 complaints the last quarter. In keeping with previous quarters, a significant number of concerns and Stage 1 complaints relate to our current waiting times position.

Chart 2 below shows Stage 2 complaints received in the quarter under review. Numbers have increased in the last three quarters compared to **100** in Quarter 4 in 2023.

- **132** Quarter 1
- **127** Quarter 2
- **124** Quarter 3
- **120** Quarter 4.

Chart 2: Stage 2 Complaints

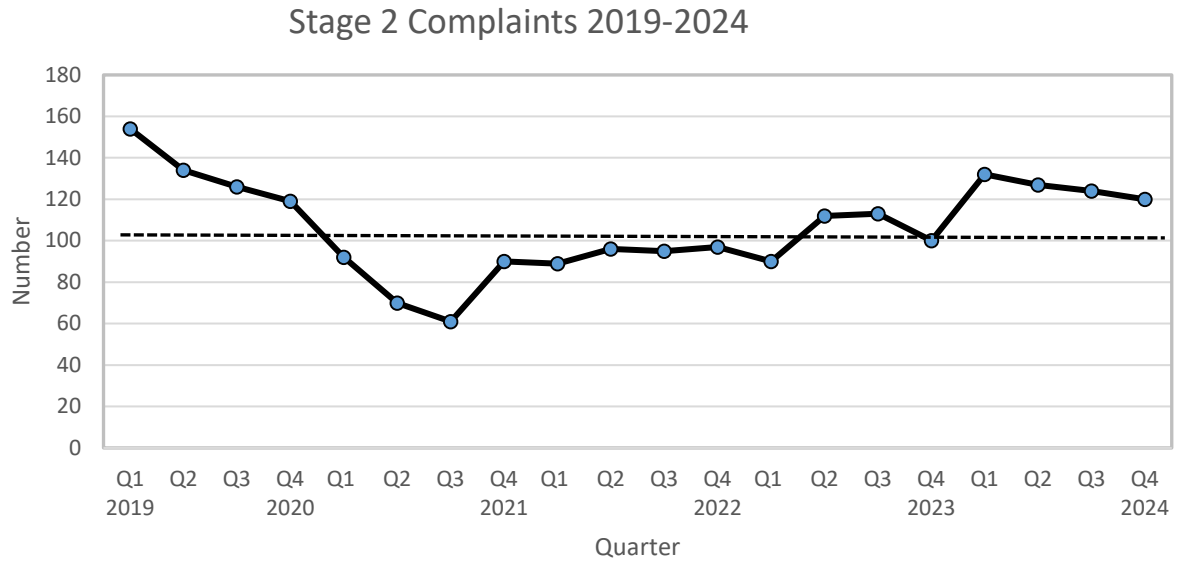
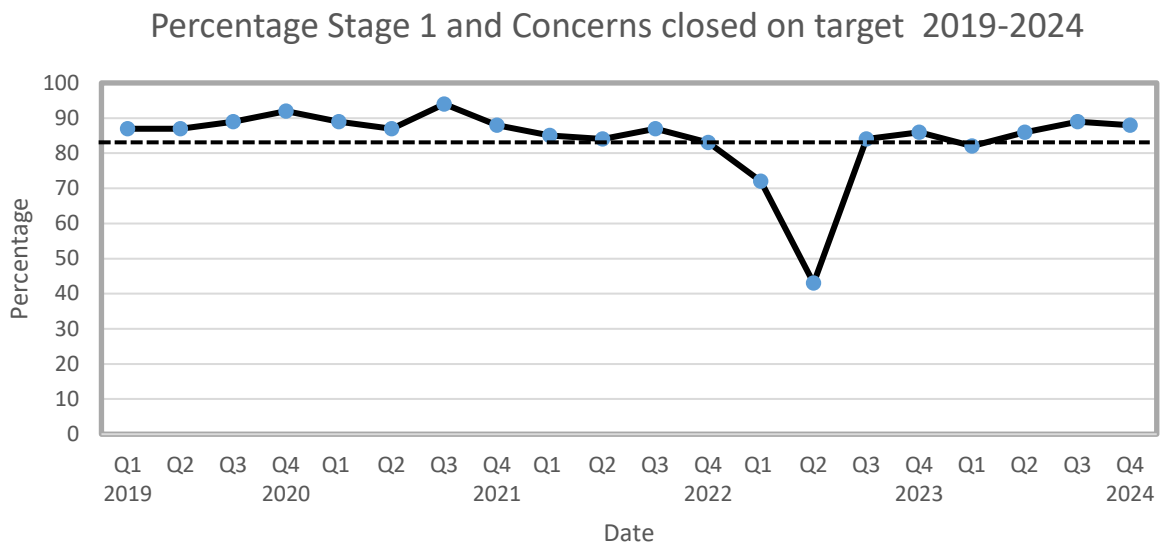


Chart 3 below shows that we have maintained the improvement seen in the last quarter in Stage 1 performance. This is mainly attributed to the work done with prison colleagues to improve their Stage 1 performance.

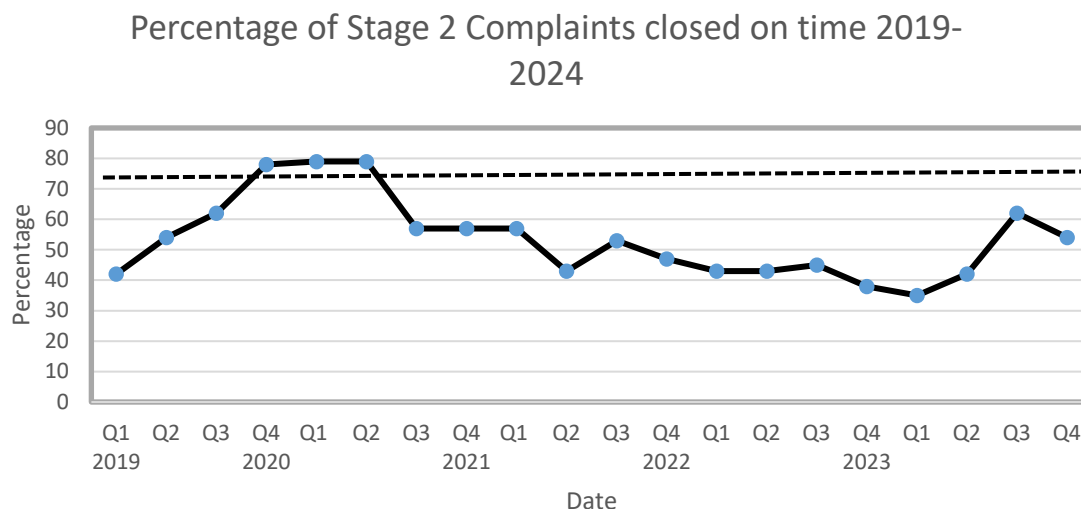
Chart 3: Percentage Stage 1 and Concerns closed on target



Of note, Boards are currently set a target of 85% compliance for closing stage 1 concerns within timescale (represented as dotted line on chart above).

Our complaint handling performance for Stage 2 complaints is presented in **Chart 4** below.

Chart 4: Percentage of Stage 2 Complaints Closed on Target



Boards are currently set a target of 75% compliance for closing stage 2 concerns within timescale (represented as dotted line on chart above).

As shown in **Chart 4** above, our performance has dropped slightly to 54%. At the end of January, our performance peaked at 78% as a result of the Acute Recovery Project. Unfortunately, the number of ongoing complex complaints and new complaints received has resulted in a delay in securing information from service, and in the time taken to draft responses.

In order to improve our current performance, the Complaints Team have reviewed current workload and allocation and the following changes have been put in place;

- Team members who draft responses have been allocated more time to prioritise written responses
- The QI Lead has blocked off dedicated sessions to allow her to increase her assistance with response writing
- Further team members being trained in response writing
- Full review of current resource and future needs in order to make the necessary improvements to performance and to ensure it is sustainable.

As a result of a full review of all complaints received in the last 12 months, we discovered that some of our previous reporting had not taken into account any complaint that had been paused or re-opened.

In explanation, it is common practice for complaints to be paused or closed and then reopened for a number of reasons, such as;

- Delay in receiving consent
- Whilst awaiting further details or complaint points from complainant
- Whilst complainant deciding or whilst arranging a meeting
- At the request of the complainant – e.g. due to an anniversary upcoming

Any delay in the complaint procedure that is out with our control results in a pause or close to ensure that we are being measured against true performance. Another reason to change the open date is when the complainant continues to add points to be investigated over time. In this instance, the open date changes to when the last points were received to ensure we still have the 20 working days to investigate and respond.

The impact on reporting these is that when the data is extracted, the re-open date is used as opposed to the original received date. This has resulted in a small number of complainants with out of time complaints not being updated and our reports not reflecting the true number of out of time complaints.

Our detailed review of all complaints received in the last 12 months has found;

- There are 28 acute complaints which met the reopened criteria and we are currently in the process of contacting these complainants and prioritising their responses.
- In 24 of the above complaints, the delays encountered were out with the complaints team’s control (for the reasons listed above)
- In 4 cases, the complaints had been paused as a result of an administrative error which has been investigated and attributed to user error at a time when we have 2 new starts.

We have set a target of 60% or above for the next quarter and the QI Lead and the Team are prioritising all out of time complaints in an extension of the Acute Recovery Project.

1.2 Outcomes

Chart 6 below demonstrates the complaint outcomes for all complaints resolved in Quarter 4

The figures in **Chart 6** below demonstrates that the number of complaint outcomes that are fully upheld are 26% for Stage 1 and 28% for stage 2. The criteria now in use clearly defines how to categorise a fully or partially upheld complaint and this is outlined in the Standardised Operational Procedure (SOP).

Chart 6: Complaint Outcomes

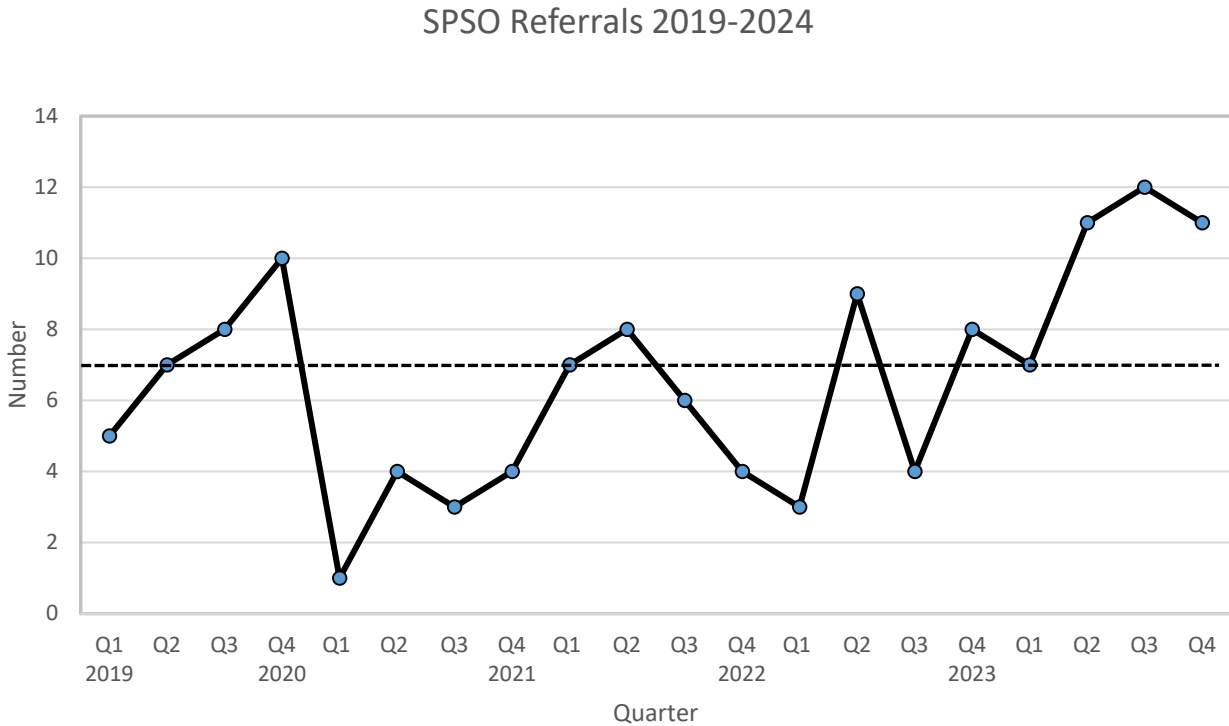
Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	182	49	83	0
Stage 2	16	9	10	85

The outcomes are in keeping with previous quarters.

1.3 SPSO Referrals and Investigations

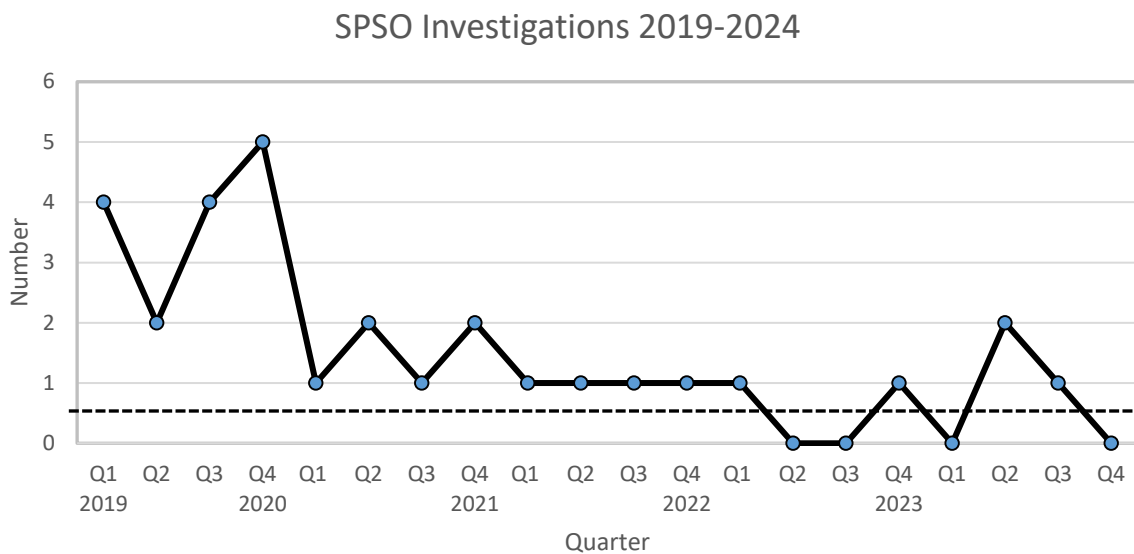
A clear indicator of complainant satisfaction can be derived from the number of complaints that are escalated to the Ombudsman.

Chart 7: SPSO Referral Rates 2018 – 2023



As demonstrated in **Chart 7** above, there has been a slight drop in the number of referrals from **12** to **11**. This still remains high compared to previous quarters but is an expected increase as a result of the challenges faced in providing timely responses.

Chart 8: SPSO Investigations 2018 – 2023



Despite the rise in referrals, we are yet to see a rise in investigations. Whilst this is a good indicator that the quality of our responses has been maintained despite the

challenges, it should be viewed with caution. The SPSO team are also being impacted by the pressure in services and the rise in complaint activity and are advising they have delays of up to six months to even review referrals so we may see a rise in future quarters.

2. Complaint Themes

Work has been progressed to provide more accurate information from complaints and **Chart 9** below outlines the main and subthemes of recent complaint activity. This level of detail is necessary to progress learning and improvement in a targeted manner.

2.1 Themes

Chart 9 below shows top themes and the most common subthemes

As a number of complaints contain more than one theme or subtheme, numbers have been removed.

Chart 9: Complaint Themes & Sub themes

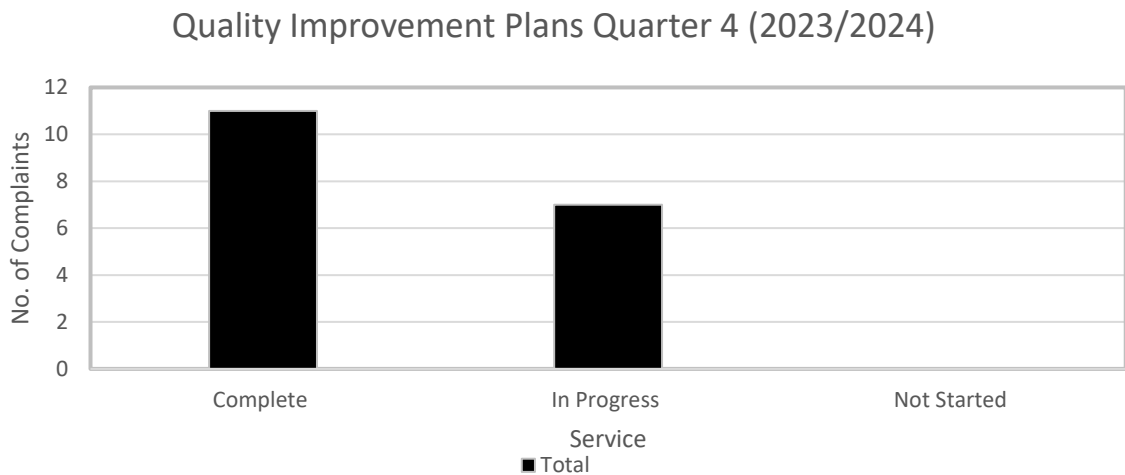
Clinical Treatment
Disagreement with treatment / care plan
Poor nursing care
Poor medical treatment
Co-ordination of Clinical treatment
Problems with medication
Lack of pain management
Waiting Times
Unacceptable time to wait for the appointment
Date for appointment cannot be given to patient
Waiting too long for test results
Cancellation of appointment /admission
Date for admission cannot be given to patient
Appointment date continues to be rescheduled
Communication
Attitude and Behaviour
Insensitive to patients needs
Lack of clear explanation
Patient note being verbally told things
Telephone
Conduct
Lack of support
Other
Lost property
Availability of items
Access to premises / parking issues
Availability of bed
Accuracy of records
Condition of items / premises

Themes this quarter remain similar to previous quarters. Waiting Times remain one of the top themes for complaints, alongside clinical treatment and communication. A large percentage of medication complaints arise in the prison from prisoners unhappy when changes are made to their medication regimes, particularly around the discontinuation of drugs such as opioids.

2.2 Quality Improvement Plans (QIP)

Chart 10 below represents the QIPs developed by the Investigation Leads when a learning or improvement opportunity has presented itself as a result of feedback or a complaint.

Chart 10 – Quality Improvement Plans



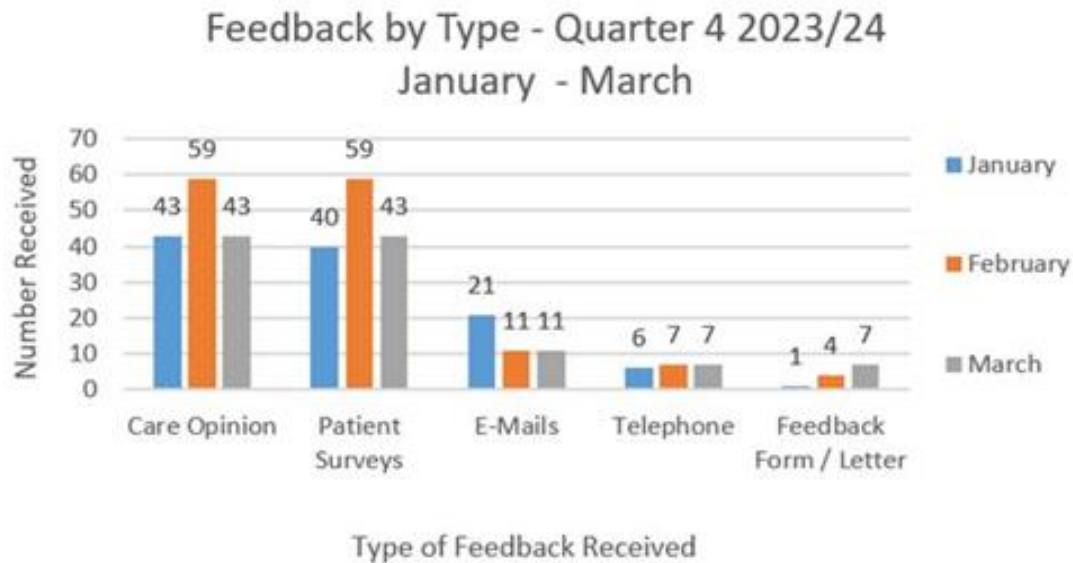
A number of improvement plans are currently in progress and this is monitored by the QI Lead to see if any improvement support is required and to assure the quality of the QIPs in use.

New approaches to evidencing learning and improvement from complaints will be included in the updated SOP currently being produced.

3. Feedback

3.1 Local Feedback

Local feedback and the form received is outlined below in **Chart 11**



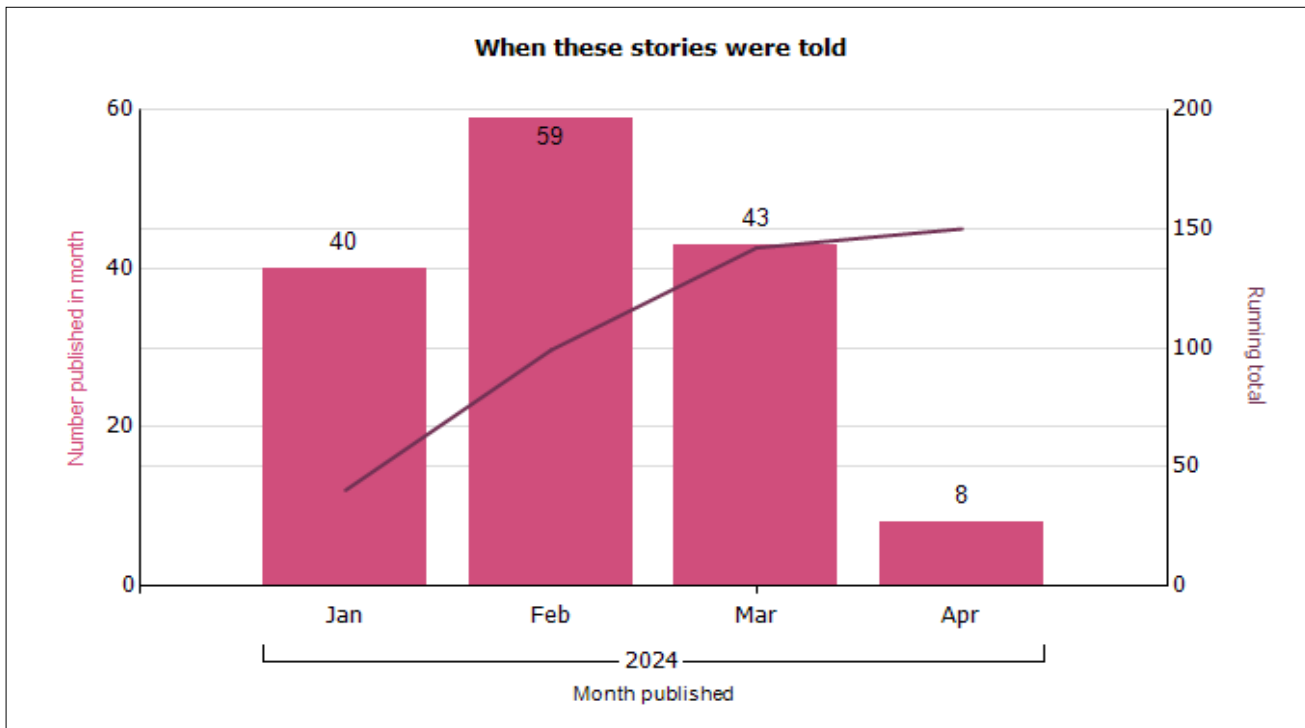
Care Opinion remains our main source of feedback and it is reported below. In patient surveys are also ongoing with good results ensuring we are receiving patient feedback at the point of care.

3.2 National Feedback

Chart 12 demonstrates activity this quarter where **150** stories were told using Care Opinion. This is another large increase from the previous quarter of **134**. These stories were viewed **15,981** times.

Chart 12 below shows posts per month for Quarter 4 – January to March 2024

Chart 12: Care Opinion Posts Quarter 4



The criticality of posts is demonstrated in Chart 13 below.

Chart 13: Criticality of Posts in Quarter 4

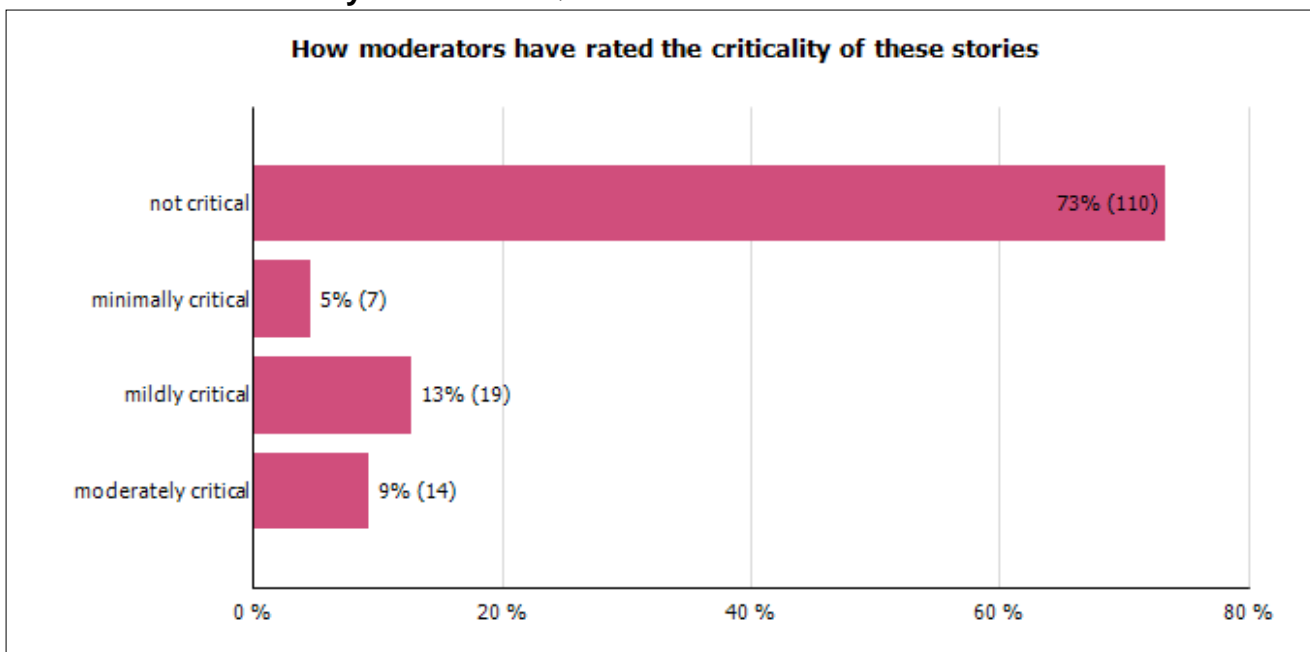


Chart 13 above demonstrates that the majority of posts are considered as mildly critical to positive, with only 9% measured as moderately critical. Our response rate has improved in this quarter too at 88%. This measures responses received within 72 hours of post.

4. Complainant Satisfaction

Below is the feedback from 40 complainants on their complaints experience. The results have improved since the previous quarter.

	Question	Yes	No	NA/NR
1	Did you have access to information on how to lodge your complaint?	95%	5%	
2	Was your complaint acknowledged?	90%	10%	
3	Did you speak to a member of the Complaints Team?	85%	10%	5%
4	Was the process explained to you?	92%	1%	7%
5	Did you receive an apology for your poor experience?	99%	1%	
6	Were you kept updated during the handling of your complaint?	88%	12%	
7	Were you advised of any delays in advance?	89%	11%	
8	Did you speak to any other staff regarding your complaint?	29%	1%	70%
9	If you answered yes to Q8 – Was this conversation helpful?	90%	10%	
10	Were you informed of the outcome of your complaint?	92%	8%	
11	Did you agree with this outcome?	72%	28%	
12	Did you feel your complaint was dealt with in a respectful and person centred manner?	84%	16%	

Feedback received this quarter has been significantly more positive than previous quarters and this is likely to be representative of the increased contact being made with the majority of complainants and the prioritisation of acute responses as part of the Acute Recovery project.

5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 4 (January – March 2024). Members are asked to note the challenges evident in this quarter and the actions being progressed by the Complaint Team to improve our complaint handling performance.

Appendix 2 – Key Performance Indicators for Quarter 4 (January - March 2024)

NHS Ayrshire and Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: January - March 2024

Quarter: Quarter 4

Performance Indicator One:

4. Summary of total number of complaints received in the reporting quarter

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	434
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	0
4c. Total number of complaints received in the NHS Board area	434

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	0
4e. Dental	0
4f. Ophthalmic	0
4g. Pharmacy	0
Independent Contractors - Primary Care services;	
4h. General Practitioner	182
4i. Dental	29
4j. Ophthalmic	4
4k. Pharmacy	37
4l. Total of Primary Care Services complaints	252
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	46

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting quarter

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	272	100%
5b. Stage two – non escalated	18	23%
5c. Stage two - escalated	13	32%
5d. Total complaints closed by NHS Board	303	

Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	73	27%
6b. Number of complaints not upheld at stage one	151	55%
6c. Number of complaints partially upheld at stage one	48	18%
6d. Total stage one complaints outcomes	272	

Stage two complaints (*61 remain open)

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
6e. Number of non-escalated complaints upheld at stage two	3	17%
6f. Number of non-escalated complaints not upheld at stage two	10	56%
6g. Number of non-escalated complaints partially upheld at stage two	5	27%
6h. Total stage two, non-escalated complaints outcomes	18	

Stage two escalated complaints (*28 still open)

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
6i. Number of escalated complaints upheld at stage two	4	31%
6j. Number of escalated complaints not upheld at stage two	6	46%
6k. Number of escalated complaints partially upheld at stage two	3	23%
6l. Total stage two escalated complaints outcomes	13	

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within 5-10 working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	80	29%
8b. Number of non-escalated complaints closed at stage two within 20 working days	7	28%
8c. Number of escalated complaints closed at stage two within 20 working days	10	77%
8d. Total number of complaints closed within timescales	97	

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised*

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	145	76%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	20	62%
9c. Total number of extensions authorised	165	